



Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL FORM

Customer No.: 23696  
Attorney Docket No.: 010337  
In Re Application of: Chesavage et al.  
Serial Number: 09/864,417  
Filed: May 23, 2001  
Examiner: Brandon J. Miller  
Group Art Unit: 2683

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APR 22 2004

Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS   | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee                                 | Fee Paid |
|--|--------------------------------------|--|------------------|--|----------|
| Total*   | 24                                   | 31                                     | 0                | x \$18 =   | \$0      |
| Independent**  | 5                                    | 5                                      | 0                | x \$86 =   | \$0      |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      |  |                  | \$290  | \$0      |
| EXTENSION FEES   |                                      |  |                  | <input type="checkbox"/> One Month               | \$110    |
|  |                                      |  |                  | <input type="checkbox"/> Two Months              | \$420    |
|  |                                      |  |                  | <input checked="" type="checkbox"/> Three Months | \$950    |
| TERMINAL DISCLAIMER  |                                      |  |                  | \$110  | \$0      |
|  |                                      |  |                  | TOTAL FEE  | \$950.00 |

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 12, 2004

Signature:

Thomas M. Thilbault, Reg. No. 42,181  
(858) 651-2356

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

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Depositor's Name: Theresa Badet  
(type or print name)

Date: April 12, 2004

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: Theresa Badet



#9A  
Ld  
4/29/04

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: )  
Chesavage et al. ) For: **SYSTEM AND METHOD FOR**  
Serial No. 09/864,417 ) **MAINTAINING A DISTRIBUTED**  
Filed: May 23, 2001 ) **OBJECT SYSTEM**  
Group Art Unit: 2683

RESPONSE TO OFFICE ACTION

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Technology Center 2600

Attention: Brandon J. Miller  
Patent Examiner

Dear Mr. Miller:

In response to the Office Action dated October 10, 2003, please amend the above identified application and consider the following remarks:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Box AMENDMENT, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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(Name of the Person Making Deposit)

*Theresa Badet*  
(Signature)

April 12, 2004  
(Date of Signature)